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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number 70538.UT
	First Named Inventor W. Robert Addington
	COMPLETE IF KNOWN
	Application Number 10/783,442
	Filing Date 02/20/2004
	Group Art Unit
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus For Evaluating A Patient's Laryngeal Cough Reflex And Associated Methods

the specification of which

☐ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) 02/20/2004

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a) -(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, and foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/448,915	02/20/2003	

[Page 1 of 4]

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DECLARATION – Utility or Design Patent Application

Direct all Correspondence to:

☐ Customer Number
or Bar Code Label

OR

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief Are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so Made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may jeopardize the Validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

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(first and middle [if any])

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Family Name

Or Surname

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Inventor's

Signature

Date

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NAME OF SECOND INVENTOR:

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☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

MAY. 20. 2004 4:07PM

NO. 751 P. 5

PTO/SSA/2A (08-03)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

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Name of Additional Joint Inventor, if any:

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Name of Additional Joint Inventor, if any:

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
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Jacqueline E. Hartt	37,845		

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